U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fixes, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	<u> </u>
1. File Number U - 2335	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Randy Meyer	Name Chicago Regional Council of Caxpenters
·	Labor Organization File Number 001-949
P.O. Box, Bidg., Room No., if any Suite .E.	P.O. Box, Building and Room Number, if any
Street 2460 West Main Street	Street 12 East Erie
City St. Charles	City Chicago
State Illinois ZIP Code + 4 60175	State Illinois ZIP Code + 4 60611
5. Position in labor organization. Grganizer , local 303	
(sxcept as specified in the exclusions set forth in the instructions):  A. Held an Interest in, engaged in transactions (including toans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and eddress of Employer (including trade name, if any).	7.a. Nature of imerest, Transaction, or Income.
Name 1,076 11 10 10 10 10 10 10 10 10 10 10 10 10	
Trade Name, if any:	The state of the s
P.O. Box. Bidg., Room No., if any	7.b. Amount
Street ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	
City	The state of the s
State ZIP Code + 4	
Signatura	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed foodly & Welgy	On Date Telephone Number

Farm LM-30 (2003)

Name of Person Filing Randy Meyer	File Number U- 2535	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (Including trade name, if any).	9. Buşineşs deals with:	
Name Whitfield & McGann	157/	
Trade Name, if any:	a. Labor Organization	
P.O. Box. Bidg., Room No., If any Suite 1501	b. Trust	
Street Two North Laballe	c. Employer	
Chy Chicago	6-	
State Illinois ZIP Code + 4 60602	·	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Received ham during the Holiday Season, 12/04	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City 1972 11 12 12 12 12 12 13 14 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17	11.b. Approximate dollar value of such dealing. \$444	
State ZIP Code + 4	12.a. Nature of Interest held or income received.	
Linear Committee		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	The state of the	
Trade Name, if any:	A Company of the control of the cont	
P.O. Box, Bldg., Room No., if any	to the second of	
Street	Country (All 1972 and All 1972	
(P)	The second secon	
State ZIP Code + 4	14.a. Nature of payment.	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.	

## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date